

**Medicaid Outpatient Drug Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

ALABAMA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the (Categorically Needy and Medically Needy)

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Including , but not limited to Orlistat

Drugs when used to promote fertility

Some

Nafarelin

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

Some

Including, but not limited to Dextromethorphan, pseudoephedrine, hydrocodone and combination cough syrups

Prescription vitamins and mineral products(e

Some

Including, but not limited to Multivitamins for TPN, cyanocobalamin

Nonprescription drugs (Over-the-Counter)

Some

Including, but not limited to Acetaminophen, aspirin, hydrocortisone 1%, ibuprofen

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

Some

Including, but not limited to Phenobarbital, amobarbital

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

Some

Including, but not limited to Clonazepam, temazepam, diazepam

ALABAMA – Excluded Drug Coverage (continued)

Smoking Cessation (except dual eligibles as Part D will cover)

None

STATE WEBSITE

www.medicaid.alabama.gov/

http://www.medicaid.alabama.gov/documents/News/Part_D/PartD.Excluded.drug.info.sheet.FINAL_6-9-05.pdf